## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000



or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as including the patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address.

WICKLIFFE, OH 440922298    WARCY S. Deded   Composition survey   Composi	maintehance fee notifications		in Block 1, by (a	, specifying a	a new co	respondence address	, and/or (b) moreating a se	parate "FEE ADDRESS" for	
PATENT ADMINISTRATOR THE LUBRZOL CORPORATION 24400 LAKELAND BOULEVARD WICKLIFFE, OH 440922298  WICKLIFFE, OH 440922298  WICKLIFFE, OH 440922298  APPLRATION NO. FILING DATE FIRST NAMED INVENTOR  APPLRATION NO. S1330 S300 S1630 G22572004  TITLE OF INVENTION: LUBRICATION PER SMALL ENTITY ISSUE FEE PUBLICATION PER TOTAL FEE(S) DUIS DATE DUE  ROMPOVISIONED AND S1330 S300 S1630 G22572004  LCAUSE of Correspondence address or indication of "Fee Address" (37 CFR 1.56).)  Change of correspondence address or indication of "Fee Address" (17 CFR 1.56).)  O Change of correspondence address or indication of "Fee Address" indication form Number is required.  O Change of correspondence address or indication of "Fee Address" indication form Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (Print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent inclusion of a bushinder below or agent) and other separate cover. Completion of this form is NOTE and substitute for filling an assignment has been previously submitted to the USPTO or a facing submitted under separate cover. Completion of this form is NOTE and substitute for filling an assignment has been previously submitted to the USPTO or a facing submitted under separate cover. Completion of this form is NOTE and substitute for filling an assignment has been previously submitted to the USPTO or a facing submitted under separate cover. Completion of this form is NOTE and substitute for filling an assignment has been previously submitted to the USPTO or a facing submitted under separate cover. Completion of this form is NOTE and assignment for fee(s):  WICKLIFFE OF TABLE TO STATE AND STATE OR COUNTRY)  WICKLIFFE OF TABLE TO STATE AND STATE OR COUNTRY)  A	CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)					Note: A certificate of mailing can only be used for domestic mailings of the			
PATENT ADMINISTRATOR THE LUBRZOL CORPORATION 24400 LAKELAND BOULEVARD WICKLIFFE, OH 440922298  WICKLIFFE, OH 440922298  WICKLIFFE, OH 440922298  APPLRATION NO. FILING DATE FIRST NAMED INVENTOR  APPLRATION NO. S1330 S300 S1630 G22572004  TITLE OF INVENTION: LUBRICATION PER SMALL ENTITY ISSUE FEE PUBLICATION PER TOTAL FEE(S) DUIS DATE DUE  ROMPOVISIONED AND S1330 S300 S1630 G22572004  LCAUSE of Correspondence address or indication of "Fee Address" (37 CFR 1.56).)  Change of correspondence address or indication of "Fee Address" (17 CFR 1.56).)  O Change of correspondence address or indication of "Fee Address" indication form Number is required.  O Change of correspondence address or indication of "Fee Address" indication form Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (Print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent inclusion of a bushinder below or agent) and other separate cover. Completion of this form is NOTE and substitute for filling an assignment has been previously submitted to the USPTO or a facing submitted under separate cover. Completion of this form is NOTE and substitute for filling an assignment has been previously submitted to the USPTO or a facing submitted under separate cover. Completion of this form is NOTE and substitute for filling an assignment has been previously submitted to the USPTO or a facing submitted under separate cover. Completion of this form is NOTE and substitute for filling an assignment has been previously submitted to the USPTO or a facing submitted under separate cover. Completion of this form is NOTE and assignment for fee(s):  WICKLIFFE OF TABLE TO STATE AND STATE OR COUNTRY)  WICKLIFFE OF TABLE TO STATE AND STATE OR COUNTRY)  A	1		OIPA		papers. Each additional paper, such as an assignment or formal drawing, must				
THE LUBIRZOL CORPORATION 29400 LAKELAND BOULEVARD WICKLIFFE, OH 440922298  **TOTAL PERSONAL STATE OF THE STAMED INVENTOR**  APPLICATION NO. FILING DATE  APPLICATION NO. FILING DATE  FIRST NAMED INVENTOR  APPLICATION NO. FILING DATE  FIRST NAMED INVENTOR  APPLICATION NO. FILING DATE  APPLICATION NO. FILING COMPOSITIONS  **TOTAL PERSONAL STATE OR COLOR TO THE PART NOT CLANS-SURCLASS  TITLE OF INVENTION: LUBRICATING COMPOSITIONS  **APPLICATION PERSONAL STATE OR COLOR TO THE PART NOT CLANS-SURCLASS  MCAVOY, ELLEN M  TOTAL PERSONAL STATE OR COLOR TO THE PART NOT CLANS-SURCLASS  **CAMINER**  ART UNIT CLANS-SURCLASS  **CAMINER**  **CAMINER**  ART UNIT CLANS-SURCLASS  **CAMINER**  ART UNIT CLANS-SURCLASS  **CAMINER**									
WICKLIFFE, OH 440922298    WARCY S. Deded   Composition survey   Composi			h -	_	8	Cer hereby certify that the	rtificate of Mailing or Tra nis Fee(s) Transmittal is be	nsmission ing deposited with the United	
WICKLIFFE, OH 440922298    WARCY S. Deded   Composition survey   Composi		FIB 0 5 2002 S		3	States Postal Service of addressed to the Mai	with sufficient postage for t	irst class mail in an envelope		
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTERNEY DOCKET NO. CONFIRMATION NO.  083883.462 07:07:1997 CURTIS R. SCHARF 2730-01 2198  TITLE OF INVENTION: LUBRICATING COMPOSITIONS  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 (2725/2004)  EXAMINER ART UNIT CLASS-SURCLASS  MCAVOY, ELLEN M 1764 505-185000  1. Change of correspondence address or indication of "Fee Address" (37 2 registered patent attorneys or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or a single firm (laving as a member a registered attorney or agents) or agents of the names of up to 2 registered patern attorneys or agents of the names of up to 2 registered patern attorneys or agents of the names of up to 2 registered patern attorneys or agent of the names of up to 2 registered patern or a single firm (laving as a member a registered attorney or agent will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Ludes an assignment is identified below. To a substitute for thing an assignment has been previously submitted on the USPTO or is being submitted under segarat			邕		8	ransmitted to the USF	TO, on the date indicated b	elow.	
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 08/888.462 07/07/1997 CURTIS R. SCHARF 2730-01 2198  TITLE OF INVENTION: LUBRICATING COMPOSITIONS  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION PEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 022/25/2004  EXAMINER ART UNIT CLASS-SURCLASS MCAVOY, ELLEN M 1/64 508-185000  I. Change of correspondence address or indication of "Fee Address" (37 CRR 1.561).  Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address or indication form PTO-SBJ-1/2) attached.  OF Fee Address' indication of "Fee Address" Indication form PTO-SBJ-1/2) attached. Use of a Customer Will be printed.  PLEASE NOTE: Unless an assignce is identified below, no assignce of any will printed under separate cover. Completion of this form is NOT a substitute for filling an assignment has been previously subminted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  A) NAME OF ASSIGNEE  The Lubrizol Corporation  Wickliffe, Ohio  Please check the appropriate assignce category or categories (will not be printed on the patent):  OF PLEASE NOTE ASSIGNEE  A) Advance Order - # of Copies  A) Advance Order - # of Copies  OF Please check the appropriate assignce category or categories (will not be printed on the patent):  OF Please Check the appropriate assignce category or categories (will not be printed on the patent):  OF Please Check the appropriate assignce category or categories (will not be printed on the patent):  OF Please Advance Order - # of Copies  OF Please Check the appropriate assignce or categories (will not be printed on the patent):  OF Please of Pleas			<b>Y</b>			Nancy S.	Dedek	(Depositor's name)	
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 08/888.462 07/07/1997 CURTIS R. SCHARF 2730-01 2198  TITLE OF INVENTION: LUBRICATING COMPOSITIONS  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION PEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 022/25/2004  EXAMINER ART UNIT CLASS-SURCLASS MCAVOY, ELLEN M 1/64 508-185000  I. Change of correspondence address or indication of "Fee Address" (37 CRR 1.561).  Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address or indication form PTO-SBJ-1/2) attached.  OF Fee Address' indication of "Fee Address" Indication form PTO-SBJ-1/2) attached. Use of a Customer Will be printed.  PLEASE NOTE: Unless an assignce is identified below, no assignce of any will printed under separate cover. Completion of this form is NOT a substitute for filling an assignment has been previously subminted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  A) NAME OF ASSIGNEE  The Lubrizol Corporation  Wickliffe, Ohio  Please check the appropriate assignce category or categories (will not be printed on the patent):  OF PLEASE NOTE ASSIGNEE  A) Advance Order - # of Copies  A) Advance Order - # of Copies  OF Please check the appropriate assignce category or categories (will not be printed on the patent):  OF Please Check the appropriate assignce category or categories (will not be printed on the patent):  OF Please Check the appropriate assignce category or categories (will not be printed on the patent):  OF Please Advance Order - # of Copies  OF Please Check the appropriate assignce or categories (will not be printed on the patent):  OF Please of Pleas	₹		ZA!	DEMASK!			W. Delo	(Signatore)	
08/888.462 07/07/1997 CURTIS R. SCHARF 27/30-01 2198  TITLE OF INVENTION: LUBRICATING COMPOSITIONS  APPLN.TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 02/25/2004  EXAMINER ART UNIT CLASS-SURCLASS  MCAVOY, ELLEN M 1764 508-185000 51630 02/25/2004  EXAMINER ART UNIT CLASS-SURCLASS  MCAVOY, ELLEN M 1764 508-185000 51630 02/25/2004  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (laving as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (laving as a single firm (laving as a single of correspondence address (or Change of Correspondence address for Change of Chang					Į		10/04	(Date)	
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 02/25/2004  EXAMINER ART UNIT CLASS-SUBCLASS  MCAVOY, ELLEN M 1764 508-185000  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.503).  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or a single firm (laving as a member a registered attorney (2) the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of dits form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Lubrizol Corporation Wickliffe, Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent); Unitividual Corporation or other private group entity Deposit Advance Order - # of Copies 10 Access the amount of the fee(s) is enclosed.  3. Publication Fee 10 Payment by credit card, Form PTO-2038 is attached.  40. Payment by credit card, Form PTO-2038 is attached.  41. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-275 (b) (choices an extra copy of this form).  Director for Patents is requested to apply the Issue Fee and Publication Fee (if required) will his be accepted from anyone other than the applicant: a registered attomy or agent, or the assignee or other party in O2/10/2004 NDAMTE2 00000172 122275 08888462	APPLICATION NO.	FILING DATE	FIRST NAMED INVI		D INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 02/25/2004  EXAMINER ART UNIT CLASS-SUBCLASS  MCAVOY, ELLEN M 1764 508-185000  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.503).  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or a single firm (laving as a member a registered attorney (2) the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of dits form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Lubrizol Corporation Wickliffe, Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent); Unitividual Corporation or other private group entity Deposit Advance Order - # of Copies 10 Access the amount of the fee(s) is enclosed.  3. Publication Fee 10 Payment by credit card, Form PTO-2038 is attached.  40. Payment by credit card, Form PTO-2038 is attached.  41. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-275 (b) (choices an extra copy of this form).  Director for Patents is requested to apply the Issue Fee and Publication Fee (if required) will his be accepted from anyone other than the applicant: a registered attomy or agent, or the assignee or other party in O2/10/2004 NDAMTE2 00000172 122275 08888462	08/888.462	07/07/1997	CURTIS R. SCH		. SCHAR	F	2730-01	2198	
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION PEE TOTAL FEE(S) DUE DATE DUE  nonprovisional NO \$1330 \$300 \$1630 \$02725/2004  EXAMINER ART UNIT CLASS-SUBCLASS  MCAVOY. ELLEN M 1764 508-185000  1. Change of correspondence address or indication of "Fee Address" (37 cpf R.1.363).  1. Change of correspondence address or indication of "Fee Address" (37 cpf R.1.363).  1. Change of correspondence address or indication of "Fee Address" (37 cpf R.1.363).  1. Change of correspondence address or indication of "Fee Address" (37 cpf R.1.363).  2. For printing on the patent front page, list (1) the names of a byte of tregistered patent attorneys or agents. (18 cpf R.1.363).  2. For printing on the patent front page, list (1) the names of a byte of tregistered patent attorneys or agents. (18 cpf Res. 1.363).  3. ASIGNE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (A) PAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Wickliffe, Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent);  2. Individual Si corporation or other private group entity Deposit Account Number 12 200 (cpc Res.)  3. Advance Order - # of Copies  10  A check in the amount of the fee(s) is enclosed.  40 Payment of Fee(s):  40 Payment by credit card. Form PTO-2038 is attached.  41 The Director is hereby authorized by the charge the required fee(s), or credit any overpayment, to Deposit Account Number 12 200 (cpc Res.)  42 The Director is hereby authorized by the charge the required fee(s), or credit any overpayment, to Deposit Account Number 12 200 (cpc Res.)  43 The Director is hereby authorized by the harge the required fee(s), or credit an	•	TBRICATING COMPOSIT	IONS				_,_,		
nomprovisional NO \$1330 \$300 \$1630 02/25/2004  EXAMINER ART UNIT CLASS-SURCLASS  MCAVOY. ELLEN M 1764 508-185000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  1. Change of correspondence address or Change of Correspondence Address form PTO/SB/122) attached.  1. Change of correspondence address or Change of Correspondence Address form PTO/SB/122) attached.  1. Change of correspondence address or Change of Correspondence Address form PTO/SB/122) attached.  1. Change of correspondence address or Change of Correspondence Address form PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. OR, alternatively, (2) the name of a single firm (laving us a member a registered patent attorneys or agents. OR atternatively, (2) the name of a single firm (laving us a member a registered patent attorneys or agents. OR in the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. OR in the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. OR in the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents or upon the assigner or other party in or agents or agents. OR in the page of the assigner or other party in or the page of the page of the page of	THE OF MY ENTREM DO		.0.1						
nomprovisional NO \$1330 \$300 \$1630 02/25/2004  EXAMINER ART UNIT CLASS-SURCLASS  MCAVOY. ELLEN M 1764 508-185000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  1. Change of correspondence address or Change of Correspondence Address form PTO/SB/122) attached.  1. Change of correspondence address or Change of Correspondence Address form PTO/SB/122) attached.  1. Change of correspondence address or Change of Correspondence Address form PTO/SB/122) attached.  1. Change of correspondence address or Change of Correspondence Address form PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. OR, alternatively, (2) the name of a single firm (laving us a member a registered patent attorneys or agents. OR atternatively, (2) the name of a single firm (laving us a member a registered patent attorneys or agents. OR in the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. OR in the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. OR in the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents. OR in the names of up to 3 registered patent attorneys or agents or upon the assigner or other party in or agents or agents. OR in the page of the assigner or other party in or the page of the page of the page of									
nonprovisional NO \$1330 \$300 \$1630 02/25/2004  EXAMINER ART UNIT CLASS-SURCLASS  MCAVOY, ELLEN M 1764 508-185000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  □ Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  □ The Address' indication (or "Fee Address" Indication form PTO/SB/122) attached.  □ The Address' indication (or "Fee Address" Indication form PTO/SB/122) attached.  □ The Address' indication (or "Fee Address" Indication form PTO/SB/122) attached.  □ The Address' indication (or "Fee Address" Indication form PTO/SB/122) attached.  □ The Address' indication for "Fee Address" Indication form PTO/SB/122 attached.  □ The Address' indication for "Fee Address" Indication form PTO/SB/122 attached.  □ A SSIGNEE NATE CORE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOI a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  The Lubrizol Corporation  Wickliffe, Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent.)  □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount of the fee(s): □ A check in the amount o	APPLN. TYPE	SMALL ENTITY	LL ENTITY ISSUE FEE		PUBLICATION PEE		TOTAL FEE(S) DUE	DATE DUE	
EXAMINER  MCAVOY, ELLENM  1.64  50%-185000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  1. Change of correspondence address (or Change of Correspondence address (or Change of Correspondence address) (or Silver address) (or Change of Correspondence address) (or Silver address) (or Change of Correspondence address) (or Change of Correspondence address) (or Change of address) (or Silver) (or Si	nonprovisional	NO					\$1630	02/25/2004	
MCAVOY, ELLENM  1. Change of correspondence address or indication of "Fee Address" (37  CPA Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached.  CPA Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached.  CPA Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USP1O or is being submitted under separate cover. Completion of this form is NOT a substitute for tiling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Lubrizol Corporation  Wickliffe, Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent);  At The following fee(s) are enclosed:  Discustor for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  (Authorized Signature)  (Date)  NOTE: The Issue Fee and Publication Fee (if required) will but be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in the party in the applicant is registered.				<u> </u>			1	33.33,233	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  3. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  4. The following fee(s) are enclosed:  4. The following fee(s) are enclosed:  5. Acksci has a properties assignee category or categories (will not be printed on the patent);  6. Please check the appropriate assignee category or categories (will not be printed on the patent);  6. Please check the appropriate assignee category or categories (will not be printed on the patent);  6. Please check the appropriate assignee category or categories (will not be printed on the patent);  6. Payment of Fee(s):  6. Payment of	L				-		J		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address findication (or "Fee Address" Indication form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address findication for SB/122) attached.  Change of correspondence address (or Change of Correspondence Address findication for SB/122) attached.  Change of correspondence address (or Change of Correspondence address form PTO/SB/122) attached.  Michael F. Esposito agents of agents and the names of up to 2 registered attomey or agents of agents and the names of up to 2 registered attomey or agents of up to 2 registered attomey or agents of up to 2 registered attomey or agents of upon 2 registered a	MCAVOY, ELLEN M 1764 508-185000							_	
agents OR. alternatively. (2) the name of a single firm (laving as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Lubrizol Corporation  Wickliffe, Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent);  (a) Issue Fee  (b) A check in the amount of the fee(s) is enclosed.  (c) Payment of Fee(s):  (a) Advance Order - # of Copies  (b) Publication Fee  (c) Payment of Fee(s):  (a) Advance Order - # of Copies  (b) Publication Fee  (c) Payment of Fee(s):  (d) The Director for Patents is requested to apply the Issue Fee and Publication Fee (if required) will but be accepted from anyone other dan the applicant: a registered attorney or agents. If no name is listed, no name attent attorneys or agents. If no name is listed, no name attent attorneys or agents. If no name is listed, no name attent attorneys or agents. If no name is listed, no name attent attorneys or agents. If no name is listed, no name attent attorneys or agents. If no name is listed, no name attent attorneys or agents. If no name is listed, no name attent attorneys or agents. If no name is listed, no name attent attorneys or agents. If no name is listed, no name attent attorneys or agents. If no name is listed, no name attent attorneys or agents. If no name is listed, no name attent attorneys or agents. If no name is listed, no name attent a									
agents and the names of up to 2 registered patent and the patent. In the name is listed, no name is listed, name in list on patent. In clusion of his form is NOT is substitu	Change of corresponder	Correspondence	spondence agents OR, altern		tively, (2) the name	el F. Esposito			
Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Lubrizol Corporation  Wickliffe, Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent);	[I "Fee Address" indication (or "Fee Address" Indication form								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Lubrizol Corporation  Wickliffe, Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent); — individual	PTO/SB/47; Rev 03-02 of Number is required.	e of a Customer				3 <u>11111</u>			
The Lubrizol Corporation  Wickliffe, Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent); individual in	3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print o	type)	<del></del>	· · · · · · · · · · · · · · · · · · ·	
The Lubrizol Corporation  Wickliffe, Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent); individual in	PLEASE NOTE: Unless	an assignee is identified bel	low, no assignee da	ata will appea	r on the	patent. Inclusion of a	ssignee data is only approp	riate when an assignment has	
The Lubrizol Corporation  Wickliffe, Ohio  Please check the appropriate assignee category or categories (will not be printed on the patent);  individual corporation or other private group entity government  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Advance Order - # of Copies									
Please check the appropriate assignee category or categories (will not be printed on the patent);  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Advance Order - # of Copies									
4b. Payment of Fee(s):    Maissue Fee	THE EUDITZOT COTPOTACION WICKITTE, UNIO								
4b. Payment of Fee(s):    Maissue Fee	Please check the appropriate assignee category or categories (will not be printed on the patent):								
Payment by credit card. Form PTO-2038 is attached.  Advance Order - # of Copies								5.00p 0) — 30 / 0	
Advance Order - # of Copies	☑ Issue Fee ☐ A check in the amount of the fee(s) is enclosed.								
Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  (Authorized Signature)  (Date)  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant: a registered attorney or agent; or the assignee or other party in interest as charge by the records of the Heined State Patent and Trademark Office.	., , , , , , , , , , , , , , , , , , ,								
Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  (Authorized Signature)  (Date)  NOTE: The Issue Fee and Publication Fee (if required) will hot be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest a schoule by the recepts of the Issue Patent and Trademark Office.	Advance Order - # of Copies								
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest a change by the recepted of the United State Patent and Trademark Office.	Director for Patents is reques	ted to apply the Iccua Fee or					<del></del>		
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interests a charge by the records of the Month of the Control of the Month of the Control of the Month of the Mo	A	teo to apply the issue ree at	is a sometion acc	(is any) or to	re-appry	any breatonsty hard is	sade fee to the application it	entified above.	
other than the applicant; a registered attorney or agent; or the assignee or other party in	(Authorized Signature)		(Date)						
other than the applicant; a registered attorney or agent; or the assignee or other party in	Leanus Vacet 213104								
interest as shown by the records of the United States Patent and Trademark Office.	NOTE: The Issue Fee and	Publication Fee (if require	ed) will not be acc	cepted from a	anyone	02/10/2004 M	DAMTE2 00000172 122	275 08888462	
	interest as shown by the rec	ords of the United States Pa	tent and Trademark	k Office.	anty m	01 FC:1501	1330.00 DA		
MI II II C C C I I I AT OFF 1 ALL MI I C I I I AT OFF 1 ALL MI I C I I I I I I I I I I I I I I I I	This collection of informat	ion is required by 37 CFR	1.311. The inform	nation is requ	ired to	02 FC:1504	300.00 DA		
obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is									
completed application form to the USPTO. Time will vary depending upon the individual									
suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S.	case. Any comments on t suggestions for reducing th	ne amount of time you r is burden, should be sent t	equire to complet to the Chief Inform	e this form nation Office	and/or r. U.S.				
obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.	Patent and Trademark O 22313-1450. DO NOT SE	Ince, U.S. Department of ND FEES OR COMPLE	ot Commerce, A TED FORMS TO	lexandria, V THIS ADD	rginia RESS.				

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.